BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECO								RD Application of Docket Number					
Effective October 1, 2000								091954526					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS							[RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	355.00		BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			35 minus 20=		· 15			X\$ 9=		OR	_X\$18=	270	
INDEPENDENT CLAIMS 2				5 minus 3 = *				X40=		OR	X80=	140	
MULTIPLE DEPENDENT CLAIM PRESENT						Ī	+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	<u> </u>	OR	TOTAL	1140	
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	A CONTRACTOR OF THE PROPERTY O	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total //	. 119	Minus	4	15	=		X\$ 9=		OR	X\$18=	OBA.	
	Independent	• 7	Minus	***	5	= 2		X40=		OR	X80=	De S	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
BEST AVAILABLE COPY								TOTAL			TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								DDIT. FEE	<u> </u>		ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	\int	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=]	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 105			. 070		
								+135=		OR	+270= TOTAL	;	
	•						Α	DDIT. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colui		(Column 3)	1 -						
AMENDMENT C		REMAINING AFTER AMENDMENT			BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pai					er four	nd in the ap	propriate box	in co	lumn 1.		